

New Jersey Department of Children and Families Policy Manual

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Preparations for Placement 9-21-90

The process of preparing all parties for the child's placement begins when placement is first being considered and continues throughout the decision to place and the actual placement.

Preparation of Parent 2-14-2011

Permanency for most children is best met within the context of the child's own family. In order to ensure prompt permanency planning for each child in placement, CP&P encourages the child's parent or legal guardian and the child, if appropriate, to be actively involved in the decision-making and placement processes.

Close Proximity -- Unless it is not safe to do so, every effort is made to place the child in close proximity to the removal home, to reduce the trauma of placement and provide continuity of school and community contacts.

Continuity and Stability in Education -- In accordance with the Fostering Connections to Success and Increasing Adoptions Act (FCSIAA) of 2008 (Federal legislation), and pursuant to N.J.S.A. 30:4C-26b, enacted September 9, 2010, continue the child in his or her current educational setting at the time of placement. CP&P coordinates with local school districts to ensure that the child remains in the school in which the child is enrolled at the time of placement, or, if remaining in the pre-placement school (i.e., the parent's school district) is not in the child's best interest, provides immediate and appropriate enrollment in a new school. See CP&P-VII-A-1-100, Educational Services, for determining best interest of the child in these matters and see CP&P-VII-A-1-700, Education of Children in Out-of-Home Placement, regarding specific information on educational stability in the life of a child in an out-of-home placement setting.

The Worker assures that all of the child's educational records are provided to his or her new school.

Pre-placement contact with the child's parent(s) or guardian(s) is directed toward several goals:

• Gathering relevant information concerning the child, including birth data, health information (such as immunizations, name and address of regular physician and any specialists, allergies, medications, developmental history and significant birth history), personality, habits and education information (such as current grade level performance and progress, classification if any, Individualized Education Program (IEP) information if any, attendance information, and name of school contact person). Much of this information should be obtained prior to the selection of the resource family home in order to form a basis for selecting an appropriate home.

Record child health information on the CP&P Form <u>11-10</u>, Health Passport and Placement Assessment.

Record education-related information on the CP&P Form <u>5-16</u>, Child's Education Record.

Obtain background information on the child's parents and family for the child's Life Book, which the Worker may begin as soon as the child enters placement. The Life Book is the child's bridge between life with the birth family and the resource family.

- Gathering information about the family's kinship network (relatives and family friends).
- Gathering relevant information concerning the parent, including history
 of drug or alcohol use or multiple sex partners/prostitution (parental
 behavior which may place the child at risk for HIV or pre-natal drug
 exposure), and other information necessary to develop an appropriate
 case plan. See CP&P-V-A-1-1000, HIV-Impacted Families.

If an HIV assessment is deemed necessary based on the parent's history, urge the parent to consent to HIV testing for him/herself and/or the child.

Information regarding the HIV status is required for all newborn infants entering CP&P placement from a hospital. CP&P may accept the mother's HIV status, if confirmed by an FDA-approved HIV detection test, such as an antibody test on blood or urine (ELISA/Western Blot), a DNA or RNA PCR test on blood, or an HIV culture in lieu of testing the newborn.

CP&P advises the parent and/or hospital that the child is not medically ready for discharge from the hospital to placement without the

necessary HIV information. If the parent refuses to consent to testing, CP&P pursues a court order.

- CP&P has the authority to consent to HIV testing of any child entering placement authorized by a court order for placement. However, this authority does not extend to situations where the parent(s) has been asked to consent to testing and has refused (e.g. parent asked to consent to HIV test in hospital and refuses, then subsequently requests placement of infant). CP&P must seek a court order for the authority to test in those situations.
- Pursuant to N.J.A.C. 8:61-5.1, the contents of a CP&P supervised child's HIVAIDS record may be disclosed by health care providers to CP&P. CP&P may disclose such information to a private adoption or foster care agency on a need-to-know basis or CP&P may disclose such information directly to the pre-adoptive or foster parent for the care and treatment of the child.

Individuals receiving such information must keep the information confidential in accordance with N.J.S.A. 26:5C-11. CP&P is not authorized to release information about the child's HIV status to anyone else without Guardianship, a consent signed by the parent or a court order. See CP&P-IX-G-1-100, the Disclosure of HIV Information section.

The parent is advised of the extent and limits of CP&P authority to release HIV information about the child.

The Worker is specific with the parent or guardian as to the reason for
placing the child and the concrete changes which will be necessary before
the child can be returned. A time frame is established for accomplishing
these changes.

The Worker helps the parent to understand that placement is time limited (i.e., not open ended) and that termination of parental rights may result if specific changes do not occur within tightly monitored time frames.

The Worker is supportive and positive toward the parent.

 Helping the parent or guardian to understand the impact of the decision to place the child in out-of-home placement, and the effect that separation can have on the child and the family. This process begins when placement is first determined appropriate for the child. Ascertaining the parent or guardian's willingness to participate in the development of a case plan for the child.

The parent(s) is advised that a Family Team Meeting (FTM) will be held prior to placement or as soon thereafter as possible, and more FTMs may be held periodically throughout the life of the case.

The parent(s) is strongly encouraged to participate in all FTMs.

Ideally, the case plan will be developed (if not, enhanced), at the FTM with input from all persons who are interested in the well-being of the child. See CP&P-III-C-6-100.

- Providing the parent or guardian with a copy of the booklet, CP&P Form 18-33, A Guide for Parents: When Your Child is in Foster Care.
- Advising the parent or guardian of their right to be notified, of any change in their child's placement in accordance with N.J.A.C. 10:122E-2.6(a) or N.J.A.C. 10:122E-2.3(b) (30 days prior to the move when the child will be moved to further or achieve the case goal or as soon as possible when a court order is being followed.).
- Establishing the permanent plan for the child with the parent(s).
- The visitation plan for the first visit shall be developed and written prior to the date of placement or as soon as possible after the placement, issued on CP&P Form <u>26-83</u>, Visitation Plan. See <u>CP&P-IV-A-5-100</u>. (N.J.A.C. 10:122D-1.5(a))
- Informing the parent or guardian of the Child Placement Review Act and of his or her opportunity to appear before the review board or the court and to submit information in writing to the board or court. See <u>CP&P-IV-A-3-</u> 200.
- Informing the parent or guardian of the Placement Review process. See <u>CP&P-IV-A-3-200</u>.
- Advising the parent or guardian of his or her obligation to contribute to the child's support while the child is in placement and advised of the evaluation of his/her capacity to support. See CP&P-IX-F-1-225.
- Determining whether the child is a recipient of Social Security or Railroad Retirement Benefits, or is eligible for other financial resources which may be regarded as available income to the child.

An application for Supplemental Security Income (SSI) benefits should be made through the Title IV-E Eligibility and Determination Unit, on behalf of a child who appears to be physically or intellectually impaired. See Supplemental Security Income, CP&P-III-C-2-400, and CP&P-IX-F-1-250, Federal Benefits.

- Determining whether the child has a medical condition which may require specialized placement.
- Determining whether the child has any form of medical coverage/insurance.
- Giving consideration to the parent or guardian's input regarding the type of home appropriate for the child, the identity of potential relative or family friend resources, and sharing with the parent or guardian relevant information about the resource family home selected for the child.
- Encouraging the parent or guardian to participate in pre-placement visits and the actual placement. However, the identity and location of the resource family home can be provided only with the approval of the resource parent(s).
- Assisting the parent or guardian in preparing the child for a smooth transition into placement. All activities are recorded in NJ SPIRIT in accordance with the NJ SPIRIT guidelines.

Preparation of the Child 12-27-2004

The Child's Feelings -- The child entering a temporary resource family home may be confused, angry, hostile, withdrawn, guilty, or upset.

Worker

Support and Encouragement -- Your role is to help the child express his or her feelings, cope with change, and adjust to his or her new environment as easily as possible. Use your good casework skills to provide support and encouragement, in an effort to minimize the child's stress, worry, and trauma. Assist the child, the parent, and the resource parent through the placement process.

Teamed Effort -- When placing the child, engage another Worker to accompany you. Ensure that one professional staff member stays by the child, to help him or her throughout the placement process, while the other staff member works out details with the resource family provider.

Reduce the Trauma of Separation and Placement - Based on the child's age and abilities:

- Handle the separation of the child from his or her birth family and placement into care with patience and sensitivity.
- Help ease the child's worry, hurt, and anger.
- Help the child understand the reasons for being separated from his or her family and entering placement, and to express his or her feelings concerning the placement.
 Present information thoughtfully. Repeat your statements, if necessary. Offer concern and understanding, emphasizing that placement is not due to anything he or she did or failed to do.
- Reassure the child that visits will be arranged immediately with his or her siblings and parent(s). See <u>CP&P-IV-A-5-</u> 100, Parent, Child and Sibling Visitation.
- Share relevant information with the child concerning the resource family selected in order to give the child a sense of familiarity with the resource family.

Arrange Pre-Placement Visits Whenever Possible - See Pre-Placement Visits, below.

Keep the Child Informed of the:

Case plan which has been developed with his or her input, so that he or she understands what to expect in terms of his or her future, to be better prepared to accept and adjust to it.

Child Placement Review and Placement Review process and of his or her opportunity to appear before the review board, or the court; to submit information in writing to the board or court; and to participate in the Placement Conference, as appropriate.

Whenever possible, assist the birth parent and resource parent in sharing information with the child, as it is best for the child to know that his or her birth parent and caregiver understand what is planned. If, for any reason, the parent or caregiver cannot share information with the child, give the child the information in language the child can understand.

See <u>CP&P-IV-A-4-200</u>, Day of Placement, for additional policy related to reducing trauma to a child during the placement process.

Gathering Collateral Medical Information 4-9-2012

If the child is entering foster care placement from the parent's home or other non-CP&P placement in the community, the Worker gathers appropriate collateral medical

information, including information provided by the current caregiver, to determine the most appropriate type of placement. The Worker discusses the child's medical condition with the CP&P Local Office Child Health Unit Nurse. See CP&P-V-A-1-1300, Pre-Placement Assessment (Health).

If the child is entering foster care placement from a hospital, the Worker obtains hospital records in order to determine the most appropriate placement for the child. If the child suffers complications from prenatal drug exposure, HIV or other serious medical condition, the Worker contacts the CP&P Local Office Child Health Unit Nurse to help in understanding the medical records.

Preparation of Resource Family 4-28-2008

The resource family parent is an essential component of the placement process, helping the child adjust to separation from his or her family of origin. To ensure that the child's needs are being met and that services, support, and supervision are provided in a manner consistent with the permanent plan, the Worker strives to develop a cooperative relationship with the resource family parent. When a resource family home has been selected for a child, the assigned Worker prepares the resource family for the placement of that particular child in their home.

The Worker is responsible for ensuring that:

- The resource family parent is told his/her rights and responsibilities with regard to the agency, the particular child, and his/her family of origin. See Foster Parent Responsibilities, <u>CP&P-IV-B-6-300</u>, and the Resource Family Parent Agreement, CP&P Form <u>5-5</u>, in the Forms Manual.
- All relevant information concerning the child is shared with the resource family parents, including the reasons why the child is being placed, any unusual incidents in the child's life which impact on the care he/she needs, the child's relationship with his/her birth family, the child's psychological or behavioral problems, if any, and the child's complete medical history.

A pre-placement assessment (health) is required for all children initially entering foster care (see CP&P-V-A-1-1300, Pre-Placement Assessment (Health). The only exception is when children are entering placement from a medical setting. "The Division representative shall establish a health care record for each child and shall provide the out-of-home placement provider with a health care record, which documents health information concerning the child." (N.J.A.C. 10:122D-2.5(b)) If the child requires specialized medical care, CP&P helps the resource family parent obtain child-specific medical training prior to placement.

The Worker also tells the resource family parent(s) about the child's special interests, likes and dislikes, and daily routine.

- Resource family parents specifically caring for children who are HIV positive, or have AIDS or another infectious disease, will be asked to sign an Acknowledgement of Understanding in the Use of Universal Precautions, CP&P Form <u>5-41</u>, in which they:
 - agree to provide care to a child infected with HIV or other infectious disease,
 - acknowledge that they know to use universal precautions, and
 - agree to use the universal precautions to reduce risk of infection to the child, others, and themselves.

See the Disclosure of HIV Information section in <u>CP&P-IX-G-1-100</u>, and Informing Clients of Agency Disclosure Policies Regarding HIV Infection in <u>CP&P-II-B-1-500</u>.

- The Division representative shall develop an education record for each child initially entering out-of-home placement, who is subject to the State laws governing compulsory education, see N.J.S.A. 18A, generally. The Division representative shall provide the out-of-home placement provider with the child's education record at the time of initial placement. (N.J.A.C. 10:122D-2.6(b) and (c))
- As a member of the CP&P team, the resource family parent is an extension of the agency in the care, treatment and supervision of the children in his/her care. Disclosure of client information necessary to fulfill the responsibility of a resource family parent is supported in the law under N.J.S.A. 9:6-8.10a(b)(5), as well as in case of Kaszerman v. Bernice Manshel, Director, CP&P, 176 N.J. Super. 132, 422A. 2d. 449 (1980). The resource family parents have the same obligation to observe the restrictions of confidentiality as does the Worker in regard to the information about the child and his/her family which has been shared with the resource family parents.
- The resource family parents are given information about the child's background and family traditions, so that the child may be nurtured in accord with his/her background, religious heritage, ethnicity, and culture.
- The resource family parents are informed of the Child Placement Review Act and CP&P internal reviews, and are encouraged to participate in internal and board reviews.
- The resource family parents are informed of their right to receive notice of all hearings and reviews held on behalf of the child, and of their right to be heard at such hearings and reviews in accordance with P.L. 2007, c.228.

However, this right to be heard does not give resource family parents legal standing in court proceedings.

- The resource family parents, as partners, are involved in the development of the visitation plan between the child and his/her parent(s), and between the child and his/her siblings and other relatives. "The Division representative shall give a copy of the visitation plan to the parent, the out-of-home placement provider, the child, when of an appropriate age, and other parties, including siblings, who are involved in developing the visitation plan, and their representatives." (N.J.A.C. 10:122D-1.6).
- The resource family parents, as partners, are involved in the development
 of the case plan for the child. Their support of the child's permanent plan
 is vital. The Division representative gives a copy of the case plan to each
 person who signs it, including the resource family parents.
- The Worker begins preparation of the child's Life Book, to include information about the child's identity and background, and ongoing highlights of life in resource family care. The Life Book is a joint undertaking of the Worker, the resource family parents, the child, and, where appropriate, the child's birth parents. The Life Book helps the child bridge his/her life in the birth home to the resource family home and, hopefully, back to the birth home. This process begins as soon as the child is placed out of home, and continues until he/she returns home or is placed permanently. See CP&P Form 5-32, Helping a Child Make History: A Guide to the Preparation of Life Books.
- The resource family parents are advised of the monthly base level of care rate (Level A) that they will receive for care of the child. On or about the 30th day after a child enters resource family care, the resource family parent(s) and Worker complete an assessment of the child's needs, (CP&P Form 5-8, Resource Family Rate Assessment), estimating the average amount of time and effort needed to care for the child. The Worker enters the assessment data into NJ SPIRIT, which generates a level of care rate. The rate generated includes the base level of care rate (Level A) for a child of that age, plus any services above the normal level of care the resource family parent agrees to provide to address the child's needs.

When a child moves from one resource family home to another, the rate may be assessed before 30 days of placement has elapsed, if the level of care can be adequately determined at an earlier point in time.

Entering the assessment data in NJS also generates a Resource Family Rate Agreement, CP&P Form <u>5-8a</u>, which specifies a

monthly payment amount, including any special requirements for which a level of care rate above the base rate is warranted. (Resource family parents are encouraged to maintain a list of the number of hours per week spent on an activity/task that is above the normal level of care, to document the need for the continued enhanced payment.)

The assessment does not include additional payments that may be provided for clothing, medical care, or child care.

The level of care rate is reevaluated at least once every six months, at the time of the CP&P internal review, or sooner, if a change in the child's circumstances or condition indicates the need.

Pre-Placement Visits 6-19-96

In order to help familiarize the child and the foster parent with each other, and to ease the child's transition into foster care, a pre-placement visit is arranged, unless the age of the child or the urgency of the situation make the pre-placement visit unnecessary or unfeasible.

If a child for any reason must leave a foster placement for a new foster home, a preplacement visit should be arranged before the child goes into the new placement as appropriate to the age of the child and the urgency of the situation.

The purpose of the pre-placement visit is to provide the child an opportunity to learn something about placement, and be able to tell his/her parent what it might be like. It gives the child a feeling that his/her parent knows what is happening to him/her and agrees with the plan. If possible, the birth parent should accompany the child to the pre-placement visit and on the day of placement.

When it is determined that pre-placement visits are not appropriate for the child, the Supervisor must approve the exception and the reasons are documented in the case record. The pre-placement visit usually occurs in the foster home. It may last from one hour to overnight, depending upon the particular case situation and the needs of the child.

For a child with a serious medical condition, the pre-placement visits provide an opportunity for the old and new caregivers to discuss the child's medical needs and prepare for a medically supportive change in the child's environment. The Pediatric Nurse Consultant may be asked to participate, as necessary, in pre-placement visits.

Procedures Related to Preparations for Placement 2-4-2013

RESPONSIBILITY	ACTION REQUIRED
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Worker 1. Obtain from the parent all relevant information concerning the child, including health and educational information and written reports or records (such as immunization records, doctors names and addresses, birth certificate, current grade level performance, school classification if any, school attendance, etc.). 2. Obtain collateral medical information about any child with a serious medical condition. 3. Obtain collateral educational information if a school transfer is necessary, including the child's school transfer card, classification information, IEP, name of school contact person, etc. 4. Ensure the parent's understanding of placement and of his/her rights and responsibilities. Discuss with the parent the child's HIV status and that: The parent may consent to HIV testing: or CP&P may consent to HIV testing; or

- For a newborn in the hospital, the mother's current HIV test results may be used in lieu of testing the infant; and
- The limits and extent to which CP&P is authorized to share information about the child's HIV status with the child's caregiver.
- 5. Obtain appropriate authorization for the child's placement.
- 6. Develop a case goal for the child and establish a case plan.
- 7. Tell the parent about the Child Placement Review Act.
- 8. Give the parent a copy of CP&P Form 18-33, A Guide for Parents: When Your Child is in Foster Care. See CP&P Form 18-33.
- 9. Share with the parent relevant information regarding the resource home.
- 10. Assist the parent in preparing the child for placement, ensuring when appropriate that:
 - The child, according to age,

	understands the reasons for
	placement, the process involved, and the case goal; and
	 Information is shared with the child to familiarize him or her with the resource family.
Worker	11. "Develop and write the visitation plan for
Supervisor	the first visitprior to the date of placement
Super vise.	or as soon as possible after the
	placement." (N.J.A.C. 10:122D-1.5)
	12. Clarify with the resource parent his/her
	rights and responsibilities with regard to the
	child.
	13. Share with the resource parent all relevant
	information concerning the child, specifying
	the reason for placement and the permanent plan.
	14. The resource parent, as a member of the
	CP&P Team, must be reminded of the
	confidential nature of all information shared
	with them.
	15. Complete a board rate assessment, and
	advise the resource parent of the monthly
	rate of reimbursement for caring for the
	child. See <u>CP&P-IV-B-9-100</u> .
	16. Review the child's health, emotional or behavioral problems, and determine if
	additional services in the resource home
	needing an increased board rate are
	needed. See CP&P-IV-B-9-100,
	Maintenance, and CP&P-IV-B-2-100,
	Resource Home Selection.
	17. Complete a Special Approval Request,
	CP&P Form <u>16-76</u> , and submit to the Local
	Office Manager for a request for an
	increased board rate. 18. Advise the resource parent of the
	additional rate and that the rate will be
	reevaluated annually, if the request is
	approved.

Clerk	19. Obtain a completed, notarized Resource Parent Identification Letter, CP&P Form 5- 49, which indicates the resource parent's authority to register the child in school, obtain medical care and other social services as necessary.
	NOTE: All school-age children in out-of-home placement must be registered for and attending school within 72 hours of initial placement and re-placement. See CP&P-IV-B-6-300. The resource parent must have the CP&P Form 5-49 to register the child in school, and therefore it must be given to the resource parent at the time of placement or as soon thereafter as possible.
	When registering the child for school, the resource parent provides his or her home/cellular telephone number as the point of contact, should the school need to contact the child's caregiver for any reason.
Worker	20. Determine the appropriateness of pre- placement visits and arrange them according to the particular case situation and the needs of the child, including the birth parent when appropriate. 21. Keep NJ SPIRIT information current.